



South Coast Air Quality Management District  
Transportation Programs  
21865 Copley Drive  
Diamond Bar, CA 91765

(909) 396-3271, Transportation Hotline

**Rule 2202 – On Road Motor Vehicle Mitigation  
Options**

**Annual Program**

**Compliance Forms**

**May 3, 2016**

Cleaning the air that we breathe ...



## RULE 2202 - REGISTRATION FORM

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## RULE 2202 - REGISTRATION FORM

YEAR:


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### **Rule 2202 Program Options**

Rule 2202 – On-Road Motor Vehicle Mitigation Options requires any employer who employs 250 or more employees at a work site to develop and implement an emission reduction program to reduce emissions related to employee commutes (between 6:00 AM and 10:00 AM). Rule 2202 provides employers with a menu of options to reduce these mobile source emissions. These employers may elect to implement an Air Quality Investment Program (AQIP), an Emissions Reductions Program (ERS), or an Employee Commute Reduction Program (ECRP) for compliance.

1. Air Quality Investment Program (AQIP): Employers may elect to participate in a triennial or annual compliance option and invest a fee per employee reporting to the work site in the peak window. The SCAQMD will use these funds to invest in emission reduction projects.
2. Emission Reduction Strategies (ERS): This option allows employers to meet their Emission Reduction Targets by utilizing various alternative strategies such as, but not limited to, credits generated by Mobile Source Emission Reduction Credits (Regulation XVI), Short Term Emission Reduction Credits (Regulation XIII), Area Source Credits (Regulation XXV), peak commute trip reductions, other work-related trip reductions, and other Emission Reduction Strategies approved by the Executive Officer.
3. Employee Commute Reduction Program (ECRP): Employers may elect to implement an ECRP to achieve and maintain a designated Average Vehicle Ridership (AVR) target. Employers choosing to implement an ECRP under Rule 2202 are required to designate an Employee Transportation Coordinator (ETC) who is responsible for developing, implementing, monitoring, and marketing the ECRP to their employees. Training to be an Employee Transportation Coordinator (ETC) requires certification through a SCAQMD-certified training course.
4. ECRP Offset: Employers may surrender the difference in emission reductions between the worksite AVR and the Performance Zone requirement through participation in the AQIP.
5. ECRP High AVR: Employers meeting or exceeding the worksite AVR target can receive a reduction in filing fees and are not required to submit the portion of the compliance forms describing their strategies.
6. ECRP AVR Improvement: Employers that have an AVR improvement of 0.01 (or greater) for each of the two previous consecutive years, or employers who demonstrate an AVR improvement of 0.05 during the immediate previous year qualify for this program. These employers are not required to submit the portion of the compliance forms describing their strategies.

Employers should refer to the Rule 2202 Implementation Guidelines for specific information regarding the AQIP and ERS compliance options, and to the Rule 2202 Employee Commute Reduction Program Guidelines for the ECRP compliance options. For additional information, please visit the Transportation Programs website at [www.aqmd.gov/2202](http://www.aqmd.gov/2202) or call our Transportation Programs Hot-line at (909) 396-3271.



# RULE 2202 - REGISTRATION FORM

YEAR: SITE ID: 

TYPE OR PRINT ALL INFORMATION

## Section I - General Information

Employer/Organization Name: \_\_\_\_\_

Worksite Address: \_\_\_\_\_

Street Number (N, S, E, W) Street Name Type (St., Ave., Blvd.)

Unit/Suite Location/Mail Stop

City State Zip Code County (LA, OC, RS, SB)

Contact Name: Mr./Mrs./ Ms. \_\_\_\_\_

(Circle one)

Name

Title

Mailing Address: \_\_\_\_\_

(If different from site address)

Phone Number: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Area Code

Fax Number: ( ) \_\_\_\_\_

Area Code

If filing an Employee Commute Reduction Program, provide:

Employee Transportation Coordinator: Mr./Mrs./ Ms. \_\_\_\_\_

(Circle one)

Name

Title

Mailing Address: \_\_\_\_\_

(If different from site address)

Phone Number: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Area Code

Fax Number: ( ) \_\_\_\_\_

Area Code

Date of ETC Training: \_\_\_\_\_

Highest Ranking Official at this Site: Mr./Mrs./ Ms. \_\_\_\_\_

(Circle one)

Name

Title

Mailing Address: \_\_\_\_\_

(If different from site address)

Phone Number: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Area Code

Fax Number: ( ) \_\_\_\_\_

Area Code

I attest that the attached program including all strategies and appendices will be implemented as required by Rule 2202 – On-Road Motor Vehicle Mitigation Options and further declare that as stated herein, the proposed strategies will be implemented upon program approval by the SCAQMD.

**Signature of Highest Ranking Official or individual responsible for allocating program resources:**

Date \_\_\_\_\_



# RULE 2202 - REGISTRATION FORM

YEAR:   
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## Section I (continued)

### Worksite Employment:

- Total number of employees reporting to this worksite: \_\_\_\_\_
- Total number of employees reporting to this worksite within the designated peak window: \_\_\_\_\_
- If you excluded Police/Sheriff/Federal Field Agents from the peak window employees, please indicate the total number of agents excluded: \_\_\_\_\_ Partially reporting these employees is not acceptable)

Check One Box Only

### Select Type of Program:

☐

**Air Quality Investment Program (AQIP)** - Complete Sections I – II (pages 1-3)

☐

**Emission Reduction Strategy (ERS)** - Complete Sections I and III (pages 1, 2, 4, or 6-9 and corresponding Appendices, if applicable)

☐

**Employee Commute Reduction Program (ECRP)** - Complete Sections I and IV (pages 1, 2, and 5-25, and corresponding Appendices, if applicable)

☐

**ECRP Offset** – Complete Sections I, IV-2, and IV-4 (pages 1, 2, 6-9, and 26, and corresponding Appendices, if applicable)

☐

**ECRP High AVR** - Complete Sections I and IV-2 (pages 1-2 and 5-9, and corresponding Appendices, if applicable) Note: Is not available for first year program submittals.

☐

**ECRP AVR Improvement** – Complete Sections I and IV (pages 1, 2 and 5 – 25, and corresponding Appendices, if applicable)

Current AVR \_\_\_\_\_

Prior Year 1 AVR \_\_\_\_\_

Prior Year 2 AVR \_\_\_\_\_

Determine your correct filing fee(s) and submit your completed forms along with a check payable to:

**South Coast Air Quality Management District  
Transportation Programs  
21865 Copley Drive  
Diamond Bar, CA 91765**

Please provide the site I.D. number and specify "Rule 2202" on all checks. Programs submitted with no check or incorrect fee amounts may be disapproved and subject to resubmittal fees. Please refer to Rule 308 for current program filing fees, and Rule 311 for current Air Quality Investment Program filing fees.

Fees are subject to change each July 1<sup>st</sup>. Please call our Transportation Fee Line at (909) 396-FEES for fee information, or visit our website at [www.aqmd.gov](http://www.aqmd.gov) to download Rule 308 or Rule 311.

Site Street Address, City, Zip	Total # of Employees	Amount Due
<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual Program Due Date: _____	Late fees, if applicable: (50% of filing fee)	<input type="text"/>
Total Fees Submitted:		<input type="text"/>



## RULE 2202 - REGISTRATION FORM

YEAR: 


SITE ID: 

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### Section II - Air Quality Investment Program (AQIP) Option

1. **Enter** the daily average number of employees reporting to work during the Peak Window of 6 am-10 am for a typical Monday through Friday period, excluding those weeks which include a national holiday.

If this is an Annual Option or the first year of a Three-Year Option, GO TO Line 2. If this is the second or third year of a Three-Year Option GO TO Lines 3 and 4.

2. Multiply Line 1 times the dollar amount for annual or three-year option and enter that amount and **STOP** here. Refer to Rule 311 for current AQIP Investment Fees.

**Remit this amount**

**Check one:** Annual \$ \_\_\_\_\_ Three-Year \$ \_\_\_\_\_ **plus the Filing Fee**

\$

3. Second or Third Year of a Three-Year Option

Enter the additional number of employees in excess of the number of employees reported in the first year of the Three-Year Option.

4. Multiply Line 3 times the Annual Compliance Option amount and enter that amount here.

**Remit this amount plus the Filing Fee**

\$

**If you are using the AQIP option to comply with Rule 2202, STOP here and submit only completed pages 1, 2, and 3 of this package.**



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## Section III

### Emission/Trip Reduction Strategies Option

1. **Enter** the daily average number of employees reporting to work during the Peak Window of 6 am-10 am for a typical Monday through Friday period, excluding those weeks which include a national holiday.

2. **Enter** the number of Creditable Commute Vehicle Reductions (CCVR) in the Peak Window. Mark below how the CCVR was determined (see Supplemental Worksheets in Appendix B).

**Check one:** AVR Survey\* \_\_\_\_\_ Default AVR (1.1) \_\_\_\_\_

Alternative Method \_\_\_\_\_ Certification Number & Date \_\_\_\_\_

Other \_\_\_\_\_ (requires prior SCAQMD approval)

#### Emission Reduction Target (ERT) Calculation

VOC

NOx

CO

3. **Enter** the Employee Emission Reduction Factors\*\* with respect to the worksite's Performance Zone. (See tables 1-3 of the Employee Emission Reduction Factors)

4. **Multiply** Line 1 times Line 3 and enter the results.

5. **Enter** the Emission Factors for Vehicle Trip Emission Credits. \*\* (see Table 4 of the Employee Emission Reduction Factors)

6. **Multiply** Line 2 times Line 5 and enter the results. This is your VTEC calculated from Creditable Commute Vehicle Reductions (CCVR).

7. **Subtract** Line 6 from Line 4 and enter the results. This is your EMISSION REDUCTION TARGET (ERT). **STOP** here if this amount is zero or a negative number, you are in compliance. If this amount is a positive number, proceed to either Line 8, and/or Line 9, and/or Line 11.

#### Vehicle Trip Emission Credits (VTEC) from Emission/Trip Reduction Sources. Indicate the lbs. of VTECs in this area

VOC

NOx

CO

8. Emission Reduction Sources (such as Reg XVI, Reg XIII, Area Source Credits or other SCAQMD approved emission reduction strategies).

9. Trip Reduction Sources (such as other work-related trip reductions, VMT programs, non-peak CCVR's, etc.). For non-peak CCVR credits, **divide** the off-peak CCVR by 1.15; **enter** the adjusted CCVR here: \_\_\_\_\_ **Multiply** adjusted CCVR by line 5 and **enter** the results.

10. **Enter** the sum of Lines 8 and Line 9.

11. **Subtract** Line 10 from Line 7 and enter the results. This is your Net EMISSION REDUCTION TARGET (ERT). **STOP** here if this amount is zero or a negative number, you are in compliance. If this amount is still a positive number, surrender these credits to SCAQMD

\*Complete Section IV-2 AVR Verification Process (pages 6-9)

\*\*The Employee Emission Reduction Factor Tables can be found at the SCAQMD website, under Rule 2202 Forms, Rule, Guidelines and Fees:

<http://www.aqmd.gov/2202>



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YEAR:	<input type="text"/>
SITE ID:	<input type="text"/>

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## Section IV

### Employee Commute Reduction Program (ECRP) Option





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## Section IV – Employee Commute Reduction Program (ECRP) Option

### Section IV-2. AVR Verification Process

#### A. Methodology:

Identify the methodology used to obtain the survey data by checking one of the following choices: See Rule 2202 – Employee Commute Reduction Program (ECRP) Guidelines for additional information.

☐

**AVR Survey Form (See Appendix A)**

☐

**District Approved Alternative Survey** (Random Sample or Record-Keeping methods require prior SCAQMD approval and an additional certification fee for alternative methods. (See Rule 308: (c) (2) (G)) and ECRP Guidelines Section II.C.3)

Certification Number: \_\_\_\_\_ Date: \_\_\_\_\_

#### B. AVR Survey Information

##### Survey Week:

First day of survey

Last day of survey

##### Survey Response Rate (Peak Window)

Number of surveys returned from employees reporting to work within the designated Peak Window

divided by

Total number of employees reporting to work within the designated Peak Window

=

Survey response rate (60% minimum response rate required)

**NOTE: This number cannot be greater than 100%.**

##### Survey Response Rate (Off-Peak Period, if applicable)

**NOTE: Reporting Off-Peak data is optional. See ECRP Guidelines for additional information**

Number of surveys returned from employees reporting to work during the off-peak period

divided by

Total number of employees reporting to work during the off-peak period

=

Survey response rate (60% minimum response rate required)

#### C. AVR Data Location

Specific location where AVR verification data are stored at your worksite (Refer to Section I of the ECRP Guidelines)



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## Section IV-2 (Cont.)

## D. Weekly Employee Survey Summary Form (Peak)

### See Instructions on Pages 10 and 11.

Summarize the commute modes of employees who began work within the designated 6-10 a.m., Monday-Friday window (Refer to Page 10 of these compliance forms for mode definitions and AVR calculation instructions)

Days of the week: \_\_\_\_\_ Hours: \_\_\_\_\_ to \_\_\_\_\_

If different than Monday through Friday, and/or 6:00 AM to 10:00 AM, identify the 5 consecutive days and/or the 4 consecutive hours above.

Mode	MON	TUE	WED	TH	FRI	Total
No Survey Response (60-89%)						
Surveys with Errors						
A. Zero Emission Vehicle						
B. Bus						
C. Rail/plane						
D. Walk						
E. Bicycle						
F. Telecommute						
G. Noncommuting						
H. Drive Alone						
I. Motorcycle						
J. 2 persons in vehicle						
K. 3 persons in vehicle						
L. 4 persons in vehicle						
M. 5 persons in vehicle						
N. 6 persons in vehicle						
O. 7 persons in vehicle						
P. 8 persons in vehicle						
Q. 9 persons in vehicle						
R. 10 persons in vehicle						
S. 11 persons in vehicle						
T. 12 persons in vehicle						
U. 13 persons in vehicle						
V. 14 persons in vehicle						
W. 15 persons in vehicle						

### Compressed Work Week Day(s) Off

X. 3/36 work week						
Y. 4/40 work week						
Z. 9/80 work week						

### Other Days Off

AA. Vacation						
BB. Sick						
CC. Regular Day Off, Jury Duty, LOA, etc.						
DD. NSR (90% or higher response)						
OO. Off-Peak Trips (mixed schedule)						

### TOTALS (Each day should match)

--	--	--	--	--	--	--



# RULE 2202 - REGISTRATION FORM

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## Section IV-2 (cont.)

### E. Weekly Employee/Vehicle Calculation (Peak)

#### Weekly Employee Trips

Mode	Column I
No Survey Responses (if 60%-89%)	
Surveys with Errors	
A. Zero Emission Vehicle	
B. Bus	
C. Rail/plane	
D. Walk	
E. Bicycle	
F. Telecommute	
G. Noncommuting	
H. Drive Alone	
I. Motorcycle	
J. 2 persons in vehicle	
K. 3 persons in vehicle	
L. 4 persons in vehicle	
M. 5 persons in vehicle	
N. 6 persons in vehicle	
O. 7 persons in vehicle	
P. 8 persons in vehicle	
Q. 9 persons in vehicle	
R. 10 persons in vehicle	
S. 11 persons in vehicle	
T. 12 persons in vehicle	
U. 13 persons in vehicle	
V. 14 persons in vehicle	
W. 15 persons in vehicle	

#### Weekly Vehicles Trips

	Column II
No Survey Responses (if 60% -89%)	
Surveys with errors	
A. Zero Emission Vehicles	0
B. Bus	0
C. Rail/Plane	0
D. Walk	0
E. Bicycle	0
F. Telecommute	0
G. Noncommuting	0
H divided by 1	
I. divided by 1	
J. divided by 2	
K. divided by 3	
L. divided by 4	
M. divided by 5	
N. divided by 6	
O. divided by 7	
P. divided by 8	
Q. divided by 9	
R. divided by 10	
S. divided by 11	
T. divided by 12	
U. divided by 13	
V. divided by 14	
W. divided by 15	

#### Compressed Work Week Day (s) Off

X. 3/36 work week	
Y. 4/40 work week	
Z. 9/80 work week	

ET. Employee Trips (Total NSR thru Z)

--

TV. Total Vehicles (NSR through W)

--

#### Other Days Off

AA. Vacation	
BB. Sick	
CC. Regular Day Off, Jury Duty, LOA, etc	
*DD. NSR (90% or higher)	
**OO. Off-Peak Trips (Mixed Schedule)	
<b>EE. Total (ET+AA+BB+CC+DD+OO)</b>	
FF. Number of employees in window	
GG. Multiply box FF by 5	

**\*DD NSR: No Survey Response for employers that have achieved a 90% or higher survey response rate.**

**\*\*OO. Off-Peak: See Section G - ETC Instructions, on page 10.**

**Note: Numbers in boxes EE & GG must be the same.**



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## Section IV-2 (cont.)

### F. AVR Planning Form

1. Total employee trips generated within window. (Section IV-2-E, Line ET).
2. Total vehicles arriving at the worksite within the window. (Section IV-2-E, Line TV).
3. Divide line #1 of this page by line #2 of this page for current AVR.
4. Enter target AVR of your worksite performance zone here. (1.30, 1.50, or 1.75).  
To determine correct performance zone refer to map in Appendix B.
5. AVR of last submittal.


For three-year AVR Improvement Program provide prior 2 Years AVR's:

Previous compliance year submittal: \_\_\_\_\_.\_\_\_\_  
Previous two compliance years submittal: \_\_\_\_\_.\_\_\_\_\_

6. Enter Adjusted AVR from the Appendix(ces) here, if applicable,  
otherwise enter the AVR from line 3.

--

Adjustments to the AVR:

Check all that apply and complete corresponding Appendix(ces).

☐

Off-Peak Credits (Complete Appendix C)

☐

Reduced Staffing (Complete Appendix D)

☐

Non-Regulated Sites (Complete Appendix E)

☐

Multiple Adjustment Worksheet (Complete Appendix F)



## RULE 2202 - REGISTRATION FORM

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### G. ETC Instructions for Completing the Weekly AVR Calculations

Determine if you wish to survey and calculate AVR solely on the Peak Window employees, or if you would also like to claim the optional off-peak credit as well. If all employees were surveyed to capture both the peak and off-peak credit, then separate the surveys into three stacks:

- A. One stack for all those employees who began work only in the 6:00 - 10:00 a.m. window (peak).
  - B. The second stack is for those who began work at anytime both in the peak window and outside of the window that week (mixed schedule); and
  - C. The last stack of surveys would be everyone who began work strictly outside the 6:00 - 10:00 a.m. window (off-peak) for the five days of the survey week.
1. Beginning with the "peak only" surveys, total the number of responses for each mode and for each day and enter the daily total in the appropriate boxes on the Weekly Employee Survey Summary Form.
  2. Now add the mixed schedule survey information to the same Weekly Employee Survey Summary Form for those employees who began work in the peak. The mixed schedule must be the same five days as the peak.
    - A. For the days they began work in the peak, tabulate their mode as usual.
    - B. For the days they began work in the off-peak, tabulate those totals on line "OO" Off-Peak. This way you are tabulating five answers for each person.
    - C. Total each row going across for the Total of the week. Total each column going down per day for the Daily Total.
    - D. The Daily Total should match the total number of employees in the window which was reported on page 6. These totals will be used for your peak AVR calculation on page 9.
    - E. Employees that are classified in the "Other Days Off" category are included in the AVR calculation if they begin work in the window at least one day during the survey week. The net effect of "Other Days Off" on the AVR calculation will be neutral. Employees in this category include, but are not limited to, the following:
      - i. employees on vacation, sick, or furlough;
      - ii. employees on per-diem or on-call that do not meet the definition of field personnel;
      - iii. employees on jury duty, military duty;
      - iv. employees who begin work outside the window provided they begin in the window at least one other day during the week;
      - v. employees not scheduled to work that day;
      - vi. employees that are home dispatched;
      - vii. employees on maternity leave;
      - viii. employees on bereavement leave; and/or
      - ix. employees on medical /disability leave.
  3. You must account for all missing surveys which would be considered as "No Survey Response" (NSR). Be sure and enter the daily total for each day. Reporting errors resulting from missing or incorrect information must be calculated as one employee per vehicle arriving at the worksite. Reporting errors that do not indicate the time when the employee begins work must be assumed to occur in the peak window. **All returned surveys must be accounted for in the AVR calculations.**
    - A. If the response rate is 60-89%, put the totals in line NSR.
    - B. If the response rate was 90% or higher, put the totals in line DD.



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4. Now for the third stack of surveys in the off-peak. Go through the same process for all of those employees who began work only in the off-peak and include the mixed schedule surveys. However, this time, use the Off-Peak Weekly Employee Survey Summary Form on page 40.
  - A. Count the mode that the employee chose while working the days in the off-peak. Then for the days they began work outside of the off-peak (or in the window) tabulate those responses on line "OO" Peak.
  - B. It's important to realize that you are tabulating five answers, one for each person per day.
  - C. The Daily Totals for the off-peak may represent more answers than what the true off peak number is. Don't worry about this yet, it will balance out later.
  - D. Employees walking, bicycling, telecommuting, using public transit, using a zero emission vehicle or other vehicles as pre-approved by the Executive Officer or designee, or on their day off under a compressed work week, should be counted as employees arriving at the worksite with no vehicle. Employees arriving to work in a Plug-In Hybrid Electric Vehicle (PHEV) meet the definition of a zero emission vehicle provided that the entire trip to work is made exclusively under electric power. This applies to plug-in vehicles with all electric range that can travel exclusively under electric power without use of the gasoline engine or cogeneration system. Employees who drive alone or carpool using a zero emission vehicle are eligible to claim ZEV credit.

**Instructions for Completing the Weekly Employee/Vehicle Calculation Form (Peak) on Pages 7-8 and, if applicable, on Pages 40 – 41 for Off-Peak:**

5. Transfer the weekly totals from last column in the Weekly Employee Survey Summary Form to the corresponding category in Column I of the Weekly Employee/Vehicle Calculation Form. Perform the operations indicated in Column II and enter the results there. For example: Total number of drive alone employee trips should be divided by 1; total number of employee trips made in "3 persons in vehicle" should be divided by 3, etc.
6. Add line A thru Z from Column 1 and enter total in line "ET". This number represents the total weekly employee trips. Add lines A thru W in Column II and enter total in line "TV". This number represents the total weekly vehicle trips.
7. Add ET + AA + BB + CC + DD + OO (if applicable) and enter result in line "EE", Column 1.
8. Enter the number of employees reporting within window in line "FF", multiply by 5, and enter result in line "GG". Number of employees in window (line "FF") must correspond with number given on page 6.
9. Be sure that line EE equals line GG.

**Instructions for Completing the AVR Planning Form on Page 9:**

10. Transfer the Total Employee Trips (ET) and Total Vehicle Trips (TV) from the Weekly Employee/Vehicle Calculation (Peak) form to the AVR Planning form, lines 1 and 2 respectively.
11. Divide line 1 by line 2 to calculate your AVR. Enter the results on line 3.
12. Transfer the totals from Off-Peak Weekly Summary Form on Page 40 and tabulate the results on the Weekly Vehicle Calculation Off-Peak on page 41. Then take the data from both the Peak Weekly Vehicle Calculation page 8 and the Off-Peak Weekly Vehicle Calculation page 41 and tabulate the adjusted AVR credit on Appendix C, Page 42 and any other applicable appendices.

**For specific information on how to calculate your AVR, please contact SCAQMD staff at (909) 396-3271.**



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## Section IV-3: Good Faith Effort Determination Elements

### A. Marketing Strategies

Employers who have not attained the target AVR and are not eligible for either the High AVR Program or the AVR Improvement Program must select at least five (5) Marketing Strategies to be implemented at each site by inserting the appropriate frequency code inside the box from the following:

#### \*Frequency Codes Table:

D = Daily	B = Bi-monthly
W = Weekly	Q = Quarterly
M = Monthly	S = Semi-annually
A = Annually	O = Other (specify)

- ☐ Attendance at a Marketing Class, at least Annually (must submit proof of attendance with the plan submittal)
- ☐ Direct Communication by the highest ranking official, at least Annually (written or electronic)
- ☐ Employer Newsletter, Flyer/Announcements/Memo/Letter to Employees, at least Quarterly. If provided electronically, an update or notice must be sent to all employees of the communication's availability
- ☐ Employer Rideshare Events, at least Annually
- ☐ New Hire Orientation, as needed
- ☐ Rideshare Bulletin Boards/Commuter Information Kiosks/Display Racks
- ☐ Rideshare Meetings/ Focus Group(s), at least Semi-Annually
- ☐ Rideshare Website, at least Quarterly announcements to employees (If provided electronically, an update or notice must be sent to all employees of the communication's availability)
- ☐ Other Marketing Strategies (please specify below):



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### **B. SUMMARY OF STRATEGIES**

Employers who have not attained the target AVR and are not eligible for either the High AVR Program or the AVR Improvement Program must select and complete the corresponding pages for at least five (5) Basic/Support and five (5) Direct Strategies from the following menu that the worksite will be implementing.

#### **BASIC/SUPPORT STRATEGIES**

<input type="checkbox"/>	Commuter Choice Program	<input type="checkbox"/>	Preferential Parking for Ridesharers
<input type="checkbox"/>	Flex Time Schedules	<input type="checkbox"/>	Rideshare Matching Services
<input type="checkbox"/>	Guaranteed Return Trip	<input type="checkbox"/>	Transit Information Center
<input type="checkbox"/>	Personalized Commute Assistance	<input type="checkbox"/>	Other

#### **DIRECT STRATEGIES**

<input type="checkbox"/>	Auto Services	<input type="checkbox"/>	Parking Cash Out/Parking Mgmt. Strategies (Voluntary)
<input type="checkbox"/>	Bicycle Program	<input type="checkbox"/>	Points Program
<input type="checkbox"/>	Compressed Work Week	<input type="checkbox"/>	Prize Drawings
<input type="checkbox"/>	Direct Financial Awards	<input type="checkbox"/>	Start-up Incentives
<input type="checkbox"/>	Discounted or Free Meals	<input type="checkbox"/>	Telecommuting
<input type="checkbox"/>	Employee Clean Vehicle Purchases	<input type="checkbox"/>	Time Off with Pay
<input type="checkbox"/>	Gift Certificates	<input type="checkbox"/>	Transit Subsidy
<input type="checkbox"/>	Off Peak Rideshare Program	<input type="checkbox"/>	Vanpool Program
<input type="checkbox"/>	Parking Charge/Subsidy	<input type="checkbox"/>	Other





## RULE 2202 - REGISTRATION FORM

YEAR:

SITE ID:


### C. **BASIC/SUPPORT STRATEGIES**

Complete the information for the corresponding Basic/Support Strategies that were previously identified on Page 13. Do not repeat the same strategy in more than one place.

☐ **Commuter Choice Program**- A monthly transportation fringe benefit used exclusively for regular direct commutes by public transit or vanpools from home to work, and does not exceed the average monthly commuting cost based on a 20-day month. Employers can pay for their employees to commute by transit or vanpool and get a tax deduction for the expense; or employers can allow employees to set aside pre-tax income to pay for qualified commute costs. This amount of an employee's salary is not subject to income tax. The Commuter Choice tax benefit is based on Section 132(a)(5) of the federal tax code. This program allows employees to set aside pre-tax income for qualified commute modes. Section 132(AF) covers transit, vanpool and bicycle benefits as well as qualified parking.

☐ **Flex Time Schedules** - The employer permits employees to adjust their work hours in order to accommodate public transit schedules or rideshare arrangements. Please check the appropriate type of flex time offered and the flexibility in minutes. (Do not use this strategy unless flex time is linked to your rideshare program.)

☐ Grace Period

☐ Shift Flexibility

☐ Other

Does a written policy exist?

Yes

☐

No

☐

☐ **Guaranteed Return Trip (GRT)** - The employer provides eligible employees with a return trip (or to the point of commute origin), when a need for the return trip arises.

Check all that apply:

☐ Personal Emergency Situation

☐ Unplanned Business-related Activities

☐ Planned Business-related Activities

☐ Other



## RULE 2202 - REGISTRATION FORM

YEAR:

SITE ID:

GRT will be provided by utilizing one or more of the following transportation modes or options:

<input type="checkbox"/>	Employer Vehicle	<input type="checkbox"/>	TMA/TMO Provided
<input type="checkbox"/>	Supervisor or Fellow Employee	<input type="checkbox"/>	Rental car
<input type="checkbox"/>	Taxi	<input type="checkbox"/>	Other (specify) <input type="text"/>

If GRT is provided by an entity other than the Employer, please provide name of the entity providing this service:

---

☐ **Personalized Commute Assistance** – The employer provides personalized assistance such as transit itineraries, carpool matching and personal follow-up to employees.

Check all that apply:

<input type="checkbox"/>	Organize Focus Group(s) or Task Force(s)
<input type="checkbox"/>	Coordinate the Formation of Carpools/Vanpools
<input type="checkbox"/>	Assist in Identifying Park & Ride Lots
<input type="checkbox"/>	Assist in Identifying Bicycle and Pedestrian Routes
<input type="checkbox"/>	Assist in Providing Personalized Transit Routes and Schedule Information
<input type="checkbox"/>	Provide Personalized Follow-up Assistance to Maintain Participation in the Commute Program

☐ **Preferential Parking for Ridesharers** - The employer provides eligible employees with preferential parking spaces to park their vehicles. These spaces shall be clearly posted or marked in a manner to identify them for carpool and vanpool use only.

<input type="text"/>	Number of Preferential Parking Spaces
<input type="text"/>	Minimum Number of Persons (per vehicle) Required to be Eligible
<input type="text"/>	Minimum Number of Days or % of Ridesharing Required to be Eligible
<input type="text"/>	Method of Vehicle Identification (i.e. tags, stickers, license plate No.)



## RULE 2202 - REGISTRATION FORM

YEAR:

SITE ID:


- ☐ **Rideshare Matching Services** – The employer provides rideshare matching services or assistance in finding commute alternatives for all employees, at least annually.

Check all that apply:

☐

Employer Based System

☐

TMA/TMO System

☐

Regional Commute Management Agency

☐

Zip Code Lists/Maps

How and when do you match people (check all that apply)

☐

During New Hire Orientation

☐

As Part of an Employer Wide Survey

☐

On Demand

☐

Other \_\_\_\_\_

☐

**Transit Information Center** - The employer provides a transit information center that makes available general transit information (updated at least quarterly), and/or the on-site sale of public transit passes to the worksite employees.

Do you provide on-site sale of transit passes or tokens?

☐

Yes

☐

No

Location of Transit Information:



## RULE 2202 - REGISTRATION FORM

YEAR: SITE ID: ☐

**Other Basic/Support Strategies**- The employer can provide other types of Basic/Support strategies designed to encourage solo commuters to participate in the Employee Commute Reduction Program if your worksite is implementing strategies not identified in this package. Examples of Other Basic/Support Strategies may include, but are not limited to:

*On-site Amenities*☐*TMA/TMA Services*☐*Car Sharing Services*☐*Mobility Hub Services*☐*EV Infrastructure \**  
(Complete below)☐*Voluntary Worksite Transfers*☐*Other\*\**☐

### \* EV Infrastructure:

Charger Level: \_\_\_\_\_  
# of Ports: \_\_\_\_\_  
Charger  
Manufacturer: \_\_\_\_\_  
KWH Supplied: \_\_\_\_\_  
(If known) \_\_\_\_\_

Charger Level: \_\_\_\_\_  
# of Ports: \_\_\_\_\_  
Charger  
Manufacturer: \_\_\_\_\_  
KWH Supplied: \_\_\_\_\_  
(If known) \_\_\_\_\_

Charger Level: \_\_\_\_\_  
# of Ports: \_\_\_\_\_  
Charger  
Manufacturer: \_\_\_\_\_  
KWH Supplied: \_\_\_\_\_  
(If known) \_\_\_\_\_

Total of chargers currently available: \_\_\_\_\_

When including EV infrastructure, it must meet the criteria noted on the SCAQMD's EVCS protocol - Electric Vehicle Charging Station (EVCS) means a device or station that provides power to charge the batteries of a dedicated battery-electric vehicle. If necessary, please attach a list of any additional chargers.

**\*\*Other** - Please provide a detailed description for each service identified above, identifying eligibility requirements and all information needed to implement the strategy. If additional space is needed, you may photocopy this page and include it in this submittal.

## D. DIRECT STRATEGIES

Complete the information for the corresponding Direct Strategies that were previously identified on page 13. Do not repeat the same strategy in more than one place. Please use the appropriate Frequency and Eligibility Codes whenever applicable for the strategies being implemented. The Frequency Code\* is defined as how often the employer is awarding the benefit or strategy. The Eligibility Code\*\* is defined as the unit of measurement used for participation eligibility.

### \*Frequency Codes Table:

How Often is Benefit Provided	
D = Daily	B = Bi-monthly
W = Weekly	Q = Quarterly
M = Monthly	S = Semi-annually
A = Annually	O = Other (specify)
<input type="text"/>	

### \*\*Eligibility Codes Table:

Unit of Measurement
D = Daily participation
DW = Days/Week
DM = Days/Month
WD = % of Working Days
O = Other (specify)
<input type="text"/>

### \*\*\*Minimum Requirement

The Minimum Requirement***
The actual number of days or % of time the employee must participate in order to qualify.

☐ **Auto Services** - The employer provides auto services for employees participating in the Employee Commute Reduction Program. Each employee will receive the following:

(check each element that applies).

	Services	Average Value	Frequency Code*	Eligibility Code**	Minimum Requirement***
<input type="checkbox"/>	Fuel				
<input type="checkbox"/>	Oil				
<input type="checkbox"/>	Tune-Up				
<input type="checkbox"/>	Repair Certificate				
<input type="checkbox"/>	Car Wash				
<input type="checkbox"/>	Other (please specify)				
	<input type="text"/>				

☐ **Bicycle Program** - The employer provides eligible employees, who commute by bicycle, unique incentives and tools only available to bicyclists and not offered elsewhere in the plan.

<i>Check each element that applies</i>	Frequency Code*	Eligibility Code**	Minimum Requirement***
<input type="checkbox"/> Bicycle Matching/Meetings			
<input type="checkbox"/> Shoes/Clothing/Helmets/Locks/etc.			
<input type="checkbox"/> Lockers/Racks/etc.			
<input type="checkbox"/> Bicycle Repair Services			
<input type="checkbox"/> Tools or Repair Kits			
<input type="checkbox"/> Discounts at Local Bike Shops			
<input type="checkbox"/> Other Bicycle Related Services (please specify)			
<input type="text"/>			



## RULE 2202 - REGISTRATION FORM

YEAR: SITE ID: ☐

**Compressed Work Week** - A Compressed Work Week (CWW) schedule applies to employees who, as an alternative to completing the basic work requirement in five eight-hour workdays in one week, or ten eight-hour days in two weeks, are scheduled in a manner which reduces trips to the worksite.

Does a written policy exist?

☐

Yes

☐

No

Please enter the number of employees for each type of CWW used:

<input type="text"/>
<input type="text"/>
<input type="text"/>

3/36 Compressed Work Week

4/40 Compressed Work Week

9/80 Compressed Work Week

**Eligible Number  
of Employees**

<input type="text"/>
<input type="text"/>
<input type="text"/>

☐

**Direct Financial Awards** - The employer, or other funding source, provides eligible employees with direct cash awards for participation in the Employee Commute Reduction Program.

Mode	Award Amount	Frequency Code*	Eligibility Code*	Minimum Requirement*
2 person vehicle				
3 person vehicle				
4 person vehicle				
5 person vehicle				
6 person vehicle				
Vanpool (7 – 15)				
Bus				
Rail/plane				
Walk				
Bicycle				
Telecommuting				

☐

**Discounted/Free Meals** - The employer provides eligible employees with free or discounted meals for their participation in the Employee Commute Reduction Program.

<input type="checkbox"/>	The employer provides eligible employees free meals
<input type="checkbox"/>	The employer provides eligible employees discounted meals

Participation in the employer's discounted/free meals program is as follows:

Average Value Per Meal	Frequency Code*	Eligibility Code**	Minimum Requirement***
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



## RULE 2202 - REGISTRATION FORM

YEAR: SITE ID: ☐

**Employee Clean Vehicle Purchase Program** - The employer provides eligible employees incentives to purchase partial zero emission vehicles (PZEV), advance technology PZEV (AT-PZEV), or zero emission vehicles (ZEV).

Average Value of Incentive	Frequency Code*	Eligibility Code**	Minimum Requirement***

The program consists of:

(Check each element that applies.)

	Credit Union/Bank/Financial Institution Loan Rate Discounts
	Employer Direct Financial Incentives or Subsidies
	Employer Sponsored Benefits
	Other (specify)

☐

**Gift Certificates** - The employer or other funding source provides gift certificates to all eligible employees for participation in the Employee Commute Reduction Program.

Average Value Per Gift	Frequency Code*	Eligibility Code**	Minimum Requirement***

If award is provided by another funding source, provide name of entity:

☐

**Off-Peak Rideshare Program** - The employer may voluntarily expand its Employee Commute Reduction Program to include employees who commute outside of the designated peak window. Please check off all Employee Commute Reduction Strategies that your worksite will be implementing for employees who are scheduled to report to work during the off-peak period, or check the box below if all strategies offered to peak employees will also be offered to off-peak employees.

☐

Check here if all strategies offered to peak employees will also be offered to off-peak employees

### **Off-Peak Basic/Support Strategies**

<input type="checkbox"/>	Commuter Choice Program	<input type="checkbox"/>	Preferential Parking for Ridesharers
<input type="checkbox"/>	Flex Time Schedules	<input type="checkbox"/>	Rideshare Matching Services
<input type="checkbox"/>	Guaranteed Return Trip	<input type="checkbox"/>	Transit Information Center
<input type="checkbox"/>	Personalized Commute Assistance	<input type="checkbox"/>	Other (specify below)

---

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# RULE 2202 - REGISTRATION FORM

YEAR:

SITE ID:

## Off-Peak Rideshare Program (cont.)

### Off-Peak Direct Strategies

<input type="checkbox"/>	Auto Services	<input type="checkbox"/>	Points Program
<input type="checkbox"/>	Bicycle Program	<input type="checkbox"/>	Prize Drawings
<input type="checkbox"/>	Compressed Work Week	<input type="checkbox"/>	Start-up Incentives
<input type="checkbox"/>	Direct Financial Awards	<input type="checkbox"/>	Telecommuting
<input type="checkbox"/>	Discounted or Free Meals	<input type="checkbox"/>	Time Off with Pay
<input type="checkbox"/>	Employee Clean Vehicle Purchases	<input type="checkbox"/>	Transit Subsidy
<input type="checkbox"/>	Gift Certificates	<input type="checkbox"/>	Vanpool Program
<input type="checkbox"/>	Parking Charge/Subsidy	<input type="checkbox"/>	Other (specify below)
<input type="checkbox"/>	Parking Cash Out/Parking Mgmt. Strategies (Voluntary)		

☐ **Parking Charge/Subsidy** – A parking fee is charged to employees who drive alone to the worksite, and/or in exchange, a subsidy is provided to employees towards costs of alternative transportation modes.

Employee Parking Charge Per Space: Monthly Rate

The employer will subsidize the parking charge for eligible employees. Each parking space will be subsidized as follows (check each mode that applies):

	Mode	Subsidy Per Space	Frequency Code*	Eligibility Code**	Minimum Requirement***
	2 person vehicle				
	3 person vehicle				
	4 person vehicle				
	5 person vehicle				
	6 person vehicle				
	Vanpool (7 – 15)				
	Bus				
	Rail/plane				
	Walk				
	Bicycle				
	Telecommuting				



## ☐ **Parking Cash-Out/Parking Management Strategies (Voluntary)**

The State's Parking Cash-Out Program, California Health & Safety Code, Section 43845, requires certain employers who provide subsidized parking for their employees to offer a cash allowance in lieu of a parking space. If per State requirements you are NOT mandated to implement this program but are doing so voluntarily, please select this Strategy and complete questions 1-5 at the bottom of Section IV-1 of these Compliance Forms (See Section V-B., Page 29 of ECRP Guidelines for applicability requirements and additional information)

☐ **Points Program** - Employees earn points for each day of participation in the employee commute reduction program. Points are redeemed for such rewards as time off, gift certificates, cash or merchandise.

Value of Point	Per # of Points	Frequency Code*	Eligibility Code**	Minimum Requirement***
\$				

☐ **Prize Drawings** - The employer provides eligible employees with a chance to win prizes, at least quarterly, for participation in the Employee Commute Reduction Program.

Type of Prize	Average Value Per Prize	Number of Prizes	Frequency Code*	Eligibility Code**	Minimum Requirement***

☐ **Start Up Incentive** – Incentives designed to reward solo commuters for joining a carpool or vanpool, or using other alternative commute modes and is generally provided over a short period of time.

Mode	Award Amount	Duration	Frequency Code*	Eligibility Code**	Minimum Requirement***
2 person vehicle					
3 person vehicle					
4 person vehicle					
5 person vehicle					
6 person vehicle					
Vanpool (7 – 15)					
Bus					
Rail/plane					
Walk					
Bicycle					
Telecommuting					

Is Incentive offered by: ☐ Employer ☐ Other

If Other, please provide name of entity: \_\_\_\_\_



## RULE 2202 - REGISTRATION FORM

YEAR: SITE ID: 

☐ **Telecommuting** - Telecommuting means working at home, off-site, or at a telecommuting for a full workday that eliminates the trip to work or reduces travel distance to the center worksite by more than 50%.

Does a written policy exist?

☐

Yes

☐

No

### The employer telecommuting program consists of:

(Check each element that applies.)

☐

Orientation / Training Sessions

☐

Working at Home

☐

# of Days per Week

☐

Working at Telecommuting Center

☐

# of Days per Week

☐

Other (specify)

Please enter the number of eligible program participants: 

☐ **Time Off with Pay** - The employer provides eligible employees additional time off with pay for participation in the Employee Commute Reduction Program.

### Participation Rate

Number of days of Participation		Time Off Earned (enter # of mins., hrs., days)	Enter Unit of Time	Units: M = Minutes H = Hours D = Days
<input type="text"/>	Each day of participation	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Per Month	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Per Quarter:	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Per Year:	<input type="text"/>	<input type="text"/>	

Maximum amount (if any) of earned time off that can be accumulated within a one-year period:

Number of minutes, hours, days

Unit of time off earned

Units:M = Minutes  
H = Hours  
D = Days



# RULE 2202 - REGISTRATION FORM

YEAR:

SITE ID:

☐

**Transit Subsidy** - The employer provides eligible employees a bus and/or rail subsidy for participation in the Employee Commute Reduction Program.

Mode	Award Amount	Frequency Code*	Eligibility Code**	Minimum Requirement***
Bus				
Rail				

Do you offer any other type of transit program to employees?

☐

Yes

☐

No

**If Yes, please explain:**☐

**Vanpool Program** - The employer provides eligible employees with a vanpool program designed to encourage the use of existing vanpools or the development of new vanpools.

☐

Employer owned/leased

☐

Employee owned/leased

☐

Third-party owned/leased

☐

Total number of vans participating in program

☐

Employer provided insurance

☐

Employer provided fuel/maintenance

☐

Employer provides cash subsidies for vanpoolers

☐

Subsidies prorated based on rideshare participation level

Ridership Charge for Employer Owned/Leased Vans:

Minimum

Maximum

If empty seats are subsidized, how much?

Minimum

Maximum

Per Seat

For how long are empty seats subsidized?

Do you offer any other type of vanpool program to employees?

☐

Yes

☐

No

**If Yes, please explain:**



## RULE 2202 - REGISTRATION FORM

YEAR:

SITE ID:


☐

**Other Direct Strategies** - The employer can provide other types of direct strategies designed to encourage solo commuters to participate in the Employee Commute Reduction Program. If your worksite is implementing strategies not identified in this package, please provide a detailed description, identifying eligibility requirements and all information needed to implement the strategy. If additional space is needed, you may photocopy this page and include it in this submittal.



# RULE 2202 - REGISTRATION FORM

YEAR:

SITE ID:

## Section IV - 4

### Employee Commute Reduction Program Offset Option

- Enter** the daily average number of employees reporting to work during the Peak Window of 6am-10am for a typical Monday through Friday period, excluding those weeks which include a national holiday. This number can be obtained by dividing the number shown in Section IV-2, item E, Line ET, by 5.
- Enter** the daily average number of vehicles reporting to work during the Peak Window of 6am-10am for a typical Monday through Friday period excluding those weeks which include a national holiday. This number can be obtained by dividing the number shown in Section IV-2, item E, Line TV, by 5.
- Subtract** Line 2 from Line 1 and enter the result. This is the number of Creditable Commute Vehicle Reductions (CCVR) in the Peak Window.

### Emission Reduction Target (ERT) Calculation

VOC

NOx

CO

- Enter** the Employee Emission Reduction Factors\* in accordance with the worksite's Performance Zone. (See tables 1-3 of the Employee Emission Reduction Factors)

**Check one:** Zone 1 \_\_\_\_\_ Zone 2 \_\_\_\_\_ Zone 3 \_\_\_\_\_

- Multiply** Line 1 times Line 4 and enter the results.

- Enter** the Emission Factors for Vehicle Trip Emission Credits.\* (see Table 4 of the Employee Emission Reduction Factors)

- Multiply** Line 3 times Line 6 and enter the results. This is your VTEC calculated from Creditable Commute Vehicle Reductions (CCVR).

- Subtract** Line 7 from Line 5 and enter the results. This is your EMISSION REDUCTION TARGET (ERT). **STOP** here if this amount is zero or a negative number, you are in compliance. If this amount is a positive number, proceed to either Line 9, and/or Line 10, and/or Line 13.

### Vehicle Trip Emission Credits (VTEC) from Emission/Trip Reduction Sources. Indicate the lbs. of VTECs in this area

VOC

NOx

CO

- Emission Reduction Sources (such as Reg XVI, Reg XIII, Area Source Credits, or other SCAQMD approved emission reduction strategies).

- Trip Reduction Sources (such as other work-related trip reductions, VMT programs, non-peak CCVR's, etc.). To determine non-peak CCVR, repeat steps 1-3 above for off-peak survey results. **Divide** the CCVR by 1.15. **Enter** adjusted CCVR here \_\_\_\_\_. **Multiply** adjusted CCVR by line 6 and **enter** results.

- Enter** the sum of Lines 9 and Line 10.

- Subtract** Line 11 from Line 8 and enter the results. This is your net EMISSION REDUCTION TARGET (ERT). **STOP** here if this amount is zero or a negative number, you are in compliance. If this amount is still a positive number, proceed to Line 13.

### Vehicle Trip Emission Credits (VTEC) from AQIP to meet the balance ERT

VOC

NOx

CO

- Air Quality Investment Program Option to Offset the ERT: **Divide** Line 12 by the corresponding Equivalent Emission Factor in Line 4. Use round numbers only. **Enter** results here.

- Multiply** the highest number on Line 13 by the Annual Compliance Option Fee in Rule 311. This is the equivalent AQIP Fee to Offset your Net ERT. **STOP** here, you are in compliance.

\$ \_\_\_\_\_

\*The Employee Emission Reduction Factor Tables can be found at the SCAQMD Website, under Rule 2202 Forms, Rule, Guidelines and Fees:

<http://www.aqmd.gov/2202>

## **APPENDIX A**

### **Average Vehicle Ridership Survey Form & Instructions**

- **ENGLISH VERSION**
- **SPANISH VERSION**  
(Survey Form)

Survey Week: \_\_\_\_\_

MO/DAY/YR THRU MO/DAY/YR

## Average Vehicle Ridership (AVR) Survey Form

### Employee Information

Name: \_\_\_\_\_

Employee I.D.#: \_\_\_\_\_

Dept./Section: \_\_\_\_\_

Phone Ext.: \_\_\_\_\_

Home Zip Code: \_\_\_\_\_

Miles to Worksite (one way): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

	Mon		Tue		Wed		Th		Fri	
<b>Time you Began Work</b>										
<b>Circle a.m. or p.m.</b>	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.
<b>Mode of Transportation</b>										
A. Zero Emission Vehicle										
B. Bus										
C. Rail/plane										
D. Walk										
E. Bicycle										
F. Telecommute										
G. Noncommuting										
H. Drive Alone										
I. Motorcycle										
J. 2 persons in vehicle										
K. 3 persons in vehicle										
L. 4 persons in vehicle										
M. 5 persons in vehicle										
N. 6 persons in vehicle										
O. 7 persons in vehicle										
P. 8 persons in vehicle										
Q. 9 persons in vehicle										
R. 10 persons in vehicle										
S. 11 persons in vehicle										
T. 12 persons in vehicle										
U. 13 persons in vehicle										
V. 14 persons in vehicle										
W. 15 persons in vehicle										
<b>Compressed Work Week Day(s) Off</b> (Please indicate your typical start time on the day(s) you are on a Compressed Work Week day(s) off.)										
X. 3/36 work week days off (2 days)										
Y. 4/40 work week day off (1 day)										
Z. 9/80 work week day off (1 day)										
<b>Other Days Off</b> (Please indicate your typical start time on the day(s) you are off.)										
AA. Vacation										
BB. Sick										
CC. Regular Day Off, Jury Duty, LOA, etc.										

**You should only have five (5) check marks, one for each day of the survey week.**

Refer to Instructions to determine appropriate responses

Semana de la Encuesta: \_\_\_\_\_

MES/DIA/AÑO      HASTA      MES/DIA/AÑO

## Encuesta del Viaje Semanal (AVR) del Empleado

### Información del empleado

Nombre Completo: \_\_\_\_\_

Numero de Identificación del Empleado: \_\_\_\_\_ Depto./Unidad: \_\_\_\_\_

Teléfono: \_\_\_\_\_ Código Postal de su Domicilio: \_\_\_\_\_ Millas de su domicilio al trabajo (de ida solamente): \_\_\_\_\_

Firma: \_\_\_\_\_ Fecha: \_\_\_\_\_

	Lunes		Martes		Miérc.		Jueves		Viernes	
<b>Hora que comienza a trabajar</b>										
<b>Marque a.m. o p.m.</b>	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.
<b>Modo de Transporte</b>										
A. Vehículo con cero emission										
B. Autobús										
C. Tren/Avion										
D. Camina										
E. Bicicleta										
F. Teletrabajo										
G. No viajo al trabajo (noncommuting)										
H. Maneja Solo (a)										
I. Motocicleta										
J. 2 personas en el vehiculo										
K. 3 personas en el vehiculo										
L. 4 personas en el vehiculo										
M. 5 personas en el vehiculo										
N. 6 personas en el vehiculo										
O. 7 personas en el vehiculo										
P. 8 personas en el vehiculo										
Q. 9 personas en el vehiculo										
R. 10 personas en el vehiculo										
S. 11 personas en el vehiculo										
T. 12 personas en el vehiculo										
U. 13 personas en el vehiculo										
V. 14 personas en el vehiculo										
W. 15 personas en el vehiculo										
<b>Semana Laboral Comprimida</b> (Por favor indique su hora de llegada típica en su día(s) libre en la semana laboral comprimida.)										
X. 3/36 Semana con 2 días libres										
Y. 4/40 Semana con 1 día libre										
Z. 9/80 Semana con 1 día libre										
<b>Otros Días Libres</b> (Por favor indique su hora de llegada típica en su día(s) libre.)										
AA. Vacaciones										
BB. Enfermedad										
CC. Día Libre Regular, Jury Duty, LOA, etc.										

**Solo debe tener un total de cinco (5) marcas, una por cada día de la semana de la encuesta.**  
**Consulte las instrucciones para determinar las respuestas apropiadas**



# RULE 2202 - REGISTRATION FORM

## APPENDIX A – Average Vehicle Ridership (AVR) Survey Form & Instructions

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### Employee Instructions for Completing the Average Vehicle Ridership (AVR) Survey Form:

1. **Employee Information:** Complete the Employee Information Section, including signature and date.
2. **Time You Began Work:** Indicate the time you began work each day of the designated survey week and circle a.m. or p.m. as applicable. Also indicate your typical start time on the days that you are scheduled to work but you are absent from work. For example, if you ride with another person on Monday, Tuesday, Wednesday, and Thursday but you are sick on Friday, check line "J. 2 persons in vehicle" and indicate the time you began working on each of those four days. Check line "BB," "Sick" and indicate what would have been your typical start time on Friday.
3. Please be sure you make only one check mark for each day in rows "A" thru "CC" for the week of the survey. There should be a total of only five (5) check marks on the survey form for the entire five (5) day survey week.
4. **Zero Emission Vehicle:** Make a check mark on line "A" for every day that you commute to work in a zero emission vehicle. Do not check any other rows for that day. **If you drive alone or carpool in a zero emission vehicle, please check off line "A" on that/those day(s).** Employees arriving to work in a Plug-In Hybrid Electric Vehicle (PHEV) meet the definition of a zero emission vehicle provided that the entire trip to work is made exclusively under electric power. This applies to plug-in vehicles with all electric range that can travel exclusively under electric power without use of the gasoline engine or cogeneration system.
5. **Bus:** Make a check mark on line "B" for every day that you take a bus to work. You count as a bus rider if you travel to work by bus for 51% or more of the total trip distance.
6. **Rail/Plane:** Make a check mark on line "C" for every day that you take rail to work. You can also use this line if you commute to work by plane. You count as a rail/plane rider if you travel to work by rail or plane for 51% or more of the total trip distance.
7. **Walk or Bicycle:** Make a check mark on line "D" or "E" for every day that you report to work by walking or riding a bicycle respectively. You count as a walker/biker if you walk/bike to work for 51% or more of the total trip distance.
8. **Telecommute:** Make a check mark on the day you telecommute. Telecommuting is defined as working at home, or at a telecommuting center during the entire day. Make a check mark on line "F" if you work at home, or if your commute to a telecommuting center results in a reduction of 51% or more of your commute distance between your home and your worksite.
9. **Noncommuting:** Make a check mark on line "G" to indicate the days you are either outside the SCAQMD jurisdiction (all of Orange County and the non-desert portions of Los Angeles, San Bernardino, and Riverside counties) to complete work assignments, or you generate no vehicle trips associated with arriving at the worksite (e.g., hospital employees, fire fighters, airline employees who stay at the worksite over a 24 hour period, etc.)



## RULE 2202 - REGISTRATION FORM

### APPENDIX A – Average Vehicle Ridership (AVR) Survey Form & Instructions

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- 10. Other Modes:** Check off line "H" if you drive to work alone in a passenger car, truck, or van. Check off line "I" if you drive to work alone on a motorcycle. Check off one row from line "J" to line "W" for each day of the week you ride in a vehicle occupied by two (2) to fifteen (15) persons. This identifies the number of persons traveling to work together for 51% or more of the total trip distance in each of the corresponding lines. Employees who work for different employers are included in this count as long as they are in the vehicle for 51% or more of the total trip distance.

For example, if you ride with another person, on Monday and Tuesday, check off line "J. 2 persons in vehicle" on those two days. If, however, you ride with two other persons on Wednesday and Thursday, you should check off line "K. 3 persons in vehicle," on those two days. If you ride to work with three other persons, you should check off line "L. 4 persons in vehicle," for that day. If you ride to work in a 7-passenger van, but there are only 5 persons in the vehicle, you should check off line "M. 5 persons in vehicle". Please always use the number of persons riding in the vehicle (occupancy), not vehicle capacity.

- 11. Compressed Work Week Day(s) Off:** Make a check mark on line "X" or "Y" or "Z" to indicate your compressed work week day off. Check this only if you were off during the survey week. Please include your typical start time on the day(s) you are on a compressed work week day(s) off.

3/36- work 3 days/12 hours each day; 2 days off

4/40- work 4 days/10 hours each day; 1 day off

9/80- work 9 days/80 hours; 1 day off in a 2 week period

- 12. Other Days Off:** During the week of the survey, if you were on vacation, check "AA" for those days; if you were sick, check "BB" for those days. Please include your typical start time on the day(s) you were off. Check "CC" if you were absent from work for any of the following reasons (other than vacation or sick):

1. Jury duty
2. Military duty
3. Not scheduled to work on that day (other than compressed work day off)
4. Maternity Leave
5. Bereavement Leave
6. Long term Medical/Disability Leave/Leave of Absence
7. Furlough
8. Per Diem or On-Call
9. Employees who begin work outside the designated peak window, provided they begin work in the peak window at least one other day during the survey week

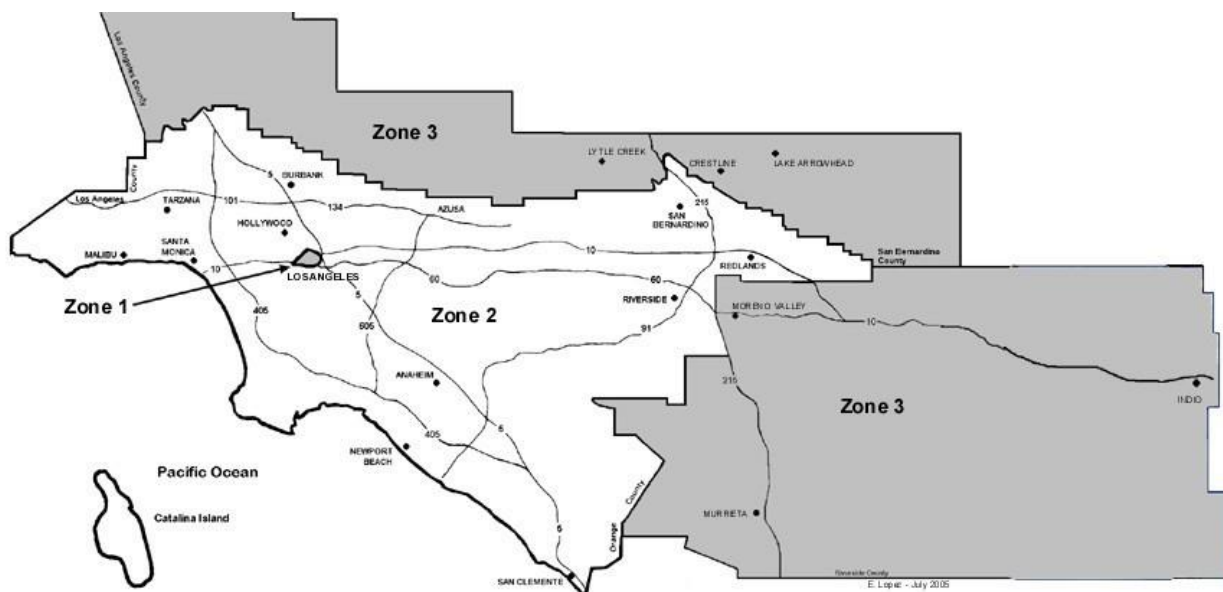
**If you have any questions about how to properly complete the survey form, contact your designated Employee Transportation Coordinator \_\_\_\_\_ at \_\_\_\_\_.**

## **APPENDIX B**

### **Supplemental Worksheets**

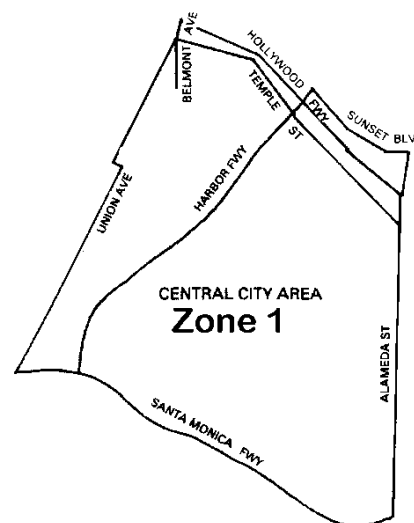
# RULE 2202 - REGISTRATION FORM

## APPENDIX B – SUPPLEMENTAL WORKSHEETS



### PERFORMANCE ZONES

- A worksite's Performance Zone depends on its location.
- District's Source/Receptor Areas are shown in Attachment 3 of Rule 701 - Air Pollution Emergency Contingency Actions.
- Zone 1 is the Central City Area of Downtown Los Angeles within the SCAQMD's Source/Receptor Area 1.
- Zone 2 corresponds to the SCAQMD's Source/Receptor Areas 2 through 12, 16 through 23, and 32 through 35, excluding the Zone 1 - Central City Area.
- Zone 3 corresponds to the SCAQMD's Source/Receptor Areas 13, 15, 24 through 31, and 36 through 38.



# RULE 2202 - REGISTRATION FORM

## APPENDIX B – SUPPLEMENTAL WORKSHEETS

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### Introduction

The purpose of the Supplemental Worksheets is to assist the preparer in determining their CCVR (Creditable Commute Vehicle Reduction) Credits or VTEC (Vehicle Trip Emission Credits).

The use of the Worksheets is optional and is not required to be submitted with the Annual Program Compliance Forms. However, the Worksheets and/or other applicable supporting records must be kept at the worksite and be made available upon request to the SCAQMD or its representatives.

The employer may calculate their CCVR using any of the following:

- a. SCAQMD approved survey;
- b. Aggregated average of the most immediate past three years of AVR data using the current year employee numbers (this option cannot be used in the ECRP Offset); or
- c. 1.1 AVR default using the current year employee numbers (this option cannot be used in the ECRP Offset); or
- d. Other SCAQMD approved method.

#### Notes:

1. The SCAQMD approved survey can be found in Appendix A.
2. Other SCAQMD approved methods must be approved in writing prior to submittal of the Annual Program Compliance Forms.



## RULE 2202 - REGISTRATION FORM

### APPENDIX B – SUPPLEMENTAL WORKSHEETS

#### SUPPLEMENTAL WORKSHEETS SCAQMD Approved Survey

By using the SCAQMD approved survey results, the peak CCVR is determined by the daily average of commute vehicle reductions based on the AVR.

**Step 1:** Enter in the table below the weekly employee trips from the survey data. Do the same for the weekly vehicle trips.

	Weekly Total Employee Trips (Line ET of Form IV-2E)	Weekly Total Vehicle Trips (Line TV of Form IV-2E)	
ET			TV

**Step 2:** Using the table below, subtract the Weekly Total Vehicle Trips (TV) from the Weekly Total Employee Trips (ET) and divide the result by 5 to obtain the daily amount of creditable commute vehicle reductions (CCVR).  **$[ET - TV] \div 5 = CCVR$**

ET	
TV	
<b><math>[ET - TV] \div 5 =</math> CCVR</b>	

**Step 3:** Enter this number (CCVR) on line 2, Section III of the Annual Program Compliance Forms, or alternatively, line 3, Section IV-4 of the Annual Program Compliance Forms.



# RULE 2202 - REGISTRATION FORM

## APPENDIX B – SUPPLEMENTAL WORKSHEETS

### SUPPLEMENTAL WORKSHEETS Aggregated Average

The aggregated average is determined by using the approved survey data of the most immediate past three years. Do not use the arithmetic average of AVR. The aggregated average CCVR is determined as follows:

#### **Step 1**

Enter in the table below the survey data of the weekly employee trips from the last three approved annual submittals and add. Do the same for the weekly vehicle trips.

Year 1	Weekly employee trips (line ET of form IV-2E)		Weekly vehicle trips (line TV of form IV-2E)	
	ET <sub>1</sub>		TV <sub>1</sub>	
Year 2	ET <sub>2</sub>		TV <sub>2</sub>	
Year 3	ET <sub>3</sub>		TV <sub>3</sub>	
Total	ET <sub>T</sub>		TV <sub>T</sub>	

#### **Step 2**

Using the calculated totals from Step 1, divide the total of column ET by the total of column TV.

ET <sub>T</sub>	
TV <sub>T</sub>	
ET <sub>T</sub> ÷ TV <sub>T</sub> = AVR <sub>Aggregated</sub>	

The result is AVR<sub>Aggregated</sub>.

Continue on to Step 3.

# RULE 2202 - REGISTRATION FORM

## APPENDIX B – SUPPLEMENTAL WORKSHEETS

### **Step 3**

Using the  $AVR_{Aggregated}$  calculated in Step 2, divide the current daily employee ( $E_{Current}$ ) by the  $AVR_{Aggregated}$ . This will result in the current daily vehicle trips ( $TV_{Current}$ ).

$E_{Current}$	
$AVR_{Aggregated}$	
$E_{Current} \div AVR_{Aggregated} =$ $TV_{Current}$	

The current daily employee number ( $E_{Current}$ ) may be established through payroll records in determining the number of employee reporting to work in the peak window.

### **Step 4**

Calculate the CCVR using the information from Step 3 by subtracting the current daily vehicle trips ( $TV_{Current}$ ) from the current daily employee ( $E_{Current}$ ).

$E_{Current}$	
$TV_{Current}$	
$E_{Current} - TV_{Current} =$ $CCVR$	

This is the CCVR based on the aggregated average of three years data.

### **Step 5**

Enter this number on line 2, Section III of the Annual Program Forms.





## RULE 2202 - REGISTRATION FORM

### APPENDIX B – SUPPLEMENTAL WORKSHEETS

#### **SUPPLEMENTAL WORKSHEETS Default AVR**

##### **Step 1**

Determine the current daily employee number ( $E_{\text{Current}}$ ). This is the number of employees reporting to work in the peak window. Enter this number in table below.

##### **Step 2**

Divide the current daily employee number ( $E_{\text{Current}}$ ) by 1.1 and calculate the current daily vehicle trips ( $TV_{\text{Current}}$ ).

$E_{\text{Current}}$	
$E_{\text{Current}} \div 1.1 = TV_{\text{Current}}$	

The current daily employee number ( $E_{\text{Current}}$ ) may be established through payroll records in determining the number of employee reporting to work in the peak window

##### **Step 3**

Calculate the CCVR using the information from Step 2 by subtracting the current daily vehicle trips ( $TV_{\text{Current}}$ ) from the current daily employee ( $E_{\text{Current}}$ ).

$E_{\text{Current}}$	
$TV_{\text{Current}}$	
$E_{\text{Current}} - TV_{\text{Current}} =$ <b>CCVR</b>	

This is the CCVR based on the default average vehicle ridership.

##### **Step 4**

Enter this number on line 2, Section III of the Annual Program Compliance Forms.

## **APPENDIX C**

### **AVR Adjustment Off-Peak Credits**

**RULE 2202 - REGISTRATION FORM****APPENDIX C - AVR ADJUSTMENT OFF-PEAK CREDITS**YEAR: SITE ID: **Weekly Employee Survey Summary Form (Off Peak)****See Instructions on Pages 10 and 11.**

Summarize the commute modes of employees who began work outside the designated 6-10 a.m., Monday-Friday window (refer to Pages 10 and 11 of these compliance forms for mode definitions and AVR calculation instructions).

Days of the week: \_\_\_\_\_

If different than Monday through Friday, identify the 5 consecutive days above

Mode	MON	TUE	WED	TH	FRI	Total
No Survey Response (60-89%)						
Surveys with Errors						
A. Zero Emission Vehicle (see Employee Instructions #4)						
B. Bus						
C. Rail/plane						
D. Walk						
E. Bicycle						
F. Telecommute						
G. Noncommuting						
H. Drive Alone						
I. Motorcycle						
J. 2 persons in vehicle						
K. 3 persons in vehicle						
L. 4 persons in vehicle						
M. 5 persons in vehicle						
N. 6 persons in vehicle						
O. 7 persons in vehicle						
P. 8 persons in vehicle						
Q. 9 persons in vehicle						
R. 10 persons in vehicle						
S. 11 persons in vehicle						
T. 12 persons in vehicle						
U. 13 persons in vehicle						
V. 14 persons in vehicle						
W. 15 persons in vehicle						

**Compressed Work Week Day(s) Off**

X. 3/36 work week						
Y. 4/40 work week						
Z. 9/80 work week						

**Other Days Off**

AA. Vacation						
BB. Sick						
CC. Regular Day Off, Jury Duty, LOA, etc.						
DD. NSR (90% or higher response)						
OO. Peak Trips (mixed schedule)						

<b>TOTALS</b> (Each day should match)						
---------------------------------------	--	--	--	--	--	--

**RULE 2202 - REGISTRATION FORM****APPENDIX C - AVR ADJUSTMENT OFF-PEAK CREDITS**YEAR: SITE ID: **Weekly Employee/Vehicle Calculation (Off Peak) continued**  
**See Instructions on Pages 10 and 11.****Weekly Employee Trips**

Mode	Column I
No Survey Responses (if 60%-89%)	
Surveys with Errors	
A. Zero Emission Vehicle	
B. Bus	
C. Rail/plane	
D. Walk	
E. Bicycle	
F. Telecommute	
G. Noncommuting	
H. Drive Alone	
I. Motorcycle	
J. 2 persons in vehicle	
K. 3 persons in vehicle	
L. 4 persons in vehicle	
M. 5 persons in vehicle	
N. 6 persons in vehicle	
O. 7 persons in vehicle	
P. 8 persons in vehicle	
Q. 9 persons in vehicle	
R.. 10 persons in vehicle	
S. 11 persons in vehicle	
T. 12 persons in vehicle	
U. 13 persons in vehicle	
V. 14 persons in vehicle	
W. 15 persons in vehicle	

**Weekly Vehicles Trips**

	Column II
No Survey Responses (if 60% -89%)	
Surveys with errors	
A. Zero Emission Vehicles	0
B. Bus	0
C. Rail/Plane	0
D. Walk	0
E. Bicycle	0
F. Telecommute	0
G. Noncommuting	0
H divided by 1	
I. divided by 1	
J. divided by 2	
K. divided by 3	
L. divided by 4	
M. divided by 5	
N. divided by 6	
O. divided by 7	
P. divided by 8	
Q. divided by 9	
R. divided by 10	
S. divided by 11	
T. divided by 12	
U. divided by 13	
V. divided by 14	
W. divided by 15	

**Compressed Work Week Day (s) Off**

X. 3/36 work week	
Y. 4/40 work week	
Z. 9/80 work week	

**ET. Employee Trips (Total NSR thru Z)****TV. Total Vehicles (NSR through W)****Other Days Off**

AA. Vacation	
BB. Sick	
CC. Regular Day Off, Jury Duty, LOA, etc.	
*DD. NSR (90% or higher)	
**OO. Peak Trips (Mixed Schedule)	
<b>EE. Total (ET+AA+BB+CC+DD+OO)</b>	
***OO. Off-Peak	
Add Lines **OO Peak and ***OO Off- Peak	
Subtract Line above from Line EE	
Divide Line above by 5. <b>This is the total number of employees in the Off-Peak****</b>	

**\*DD. No Survey Response for employers that have achieved a 90% or higher survey response rate.****\*\*OO. Peak: See Section G, ETC Instructions, on page 10.****\*\*\*OO. Off-Peak: Enter the number from line OO. Off-Peak Trips of the Weekly Employee/Vehicle Calculation (Peak), found on page 8. See Section IV-2, G - ETC Instructions, on page 10.****\*\*\*\*The total number of employees in the Off-Peak in this box should match the number reported on Section IV-2, on page 6, item B (Total Number of Employees Reporting to Work during the Off-Peak Period).**

**APPENDIX C: AVR ADJUSTMENT  
OFF-PEAK CREDITS**

Employers may receive additional credits from employee trip reductions that occur outside of the peak window. This credit may be calculated as follows:

$$AVR = \frac{E}{V - [CCVR \div 2.3]}$$

Where:

- E = Total number of weekly window employees in the peak window  
V = Total number of weekly window vehicle trips in the peak window  
CCVR = Weekly Creditable Commute Vehicle Reductions that occur outside of the peak window  
2.3 = Discount factor

1. <b>Enter E</b> - total number of weekly window employee trips in the peak window. (This number is found in Section IV-2, item E, Line ET, on page 8).	
2. <b>Enter V</b> - total number of weekly window vehicle trips in the peak window. (This number is found in Section IV-2, item E, Line TV, on page 8).	
3. <b>Enter</b> total number of weekly window employee trips in the off-peak window. (This number is found In Appendix C, Line ET, on page 41).	
4. <b>Enter</b> total number of weekly window vehicle trips in the off-peak window. (This number is found in Appendix C, Line TV, on page 41).	
5. <b>Subtract</b> Line 4 from Line 3, and enter the result here.	
6. <b>Divide</b> Line 5 by 2.3 discount factor, and enter the result here.	
7. <b>Subtract</b> Line 6 from Line 2.	
8. <b>Divide</b> Line 1 by Line 7. This is the adjusted AVR for your worksite. Transfer this number to Section IV-2, Line 6 of the AVR Planning Form on Page 9.	

## **APPENDIX D**

### **AVR Adjustment Reduced Staffing**



# RULE 2202 - REGISTRATION FORM

YEAR:

## APPENDIX D - AVR ADJUSTMENT REDUCED STAFFING

SITE ID:

### APPENDIX D: AVR ADJUSTMENT REDUCED STAFFING

Employers may receive additional trip reduction credits from reduced staffing that occur during events such as school recesses/breaks, inventory, or temporary facility closures. This credit is not allowed for staff reductions resulting from actions such as layoffs, relocations, transfers, facility closures or temporary closures that are part of regularly scheduled facility vacations.

**Reduced Staffing Survey Week:** First day of survey \_\_\_\_\_ Last day of survey \_\_\_\_\_

**Survey Response Percentage:** \_\_\_\_\_

$$AVR = \frac{En \times T}{[Vn \times Tn] + [Vr \times Tr \times 1.15]}$$

Where:

- En = Total number of weekly window employee trips during the normal operating schedule
- T = Total number of annual operating workdays for the worksite; = Tn + Tr (If no data is available, the default value is 260 operating days for employers with a 5 day work schedule and 365 operating days for employers with a 7 day work schedule)
- Vn = Total number of weekly window vehicle trips during the normal operating schedule (Section IV-2, Line TV, on page 8)
- Tn = Total number of normal operating days for the worksite
- Vr = Total number of weekly window vehicle trip that occur during the reduced staffing schedule
- Tr = Total number of days during the reduced staffing schedule

1. <b>Enter En</b> - total number of weekly window employee trips during the normal operating schedule. (This number is found in Section IV-2, item E, Line ET, on page 8)	
2. <b>Enter Tn</b> - total number of normal operating days for the worksite	
3. <b>Enter Tr</b> - total number of days during the reduced staffing schedule	
4. <b>Add</b> Line 2 plus Line 3; enter the result here	
5. <b>Multiply</b> Line 1 by Line 4; enter the result here	
6. <b>Enter Vn</b> - total number of weekly window vehicle trips during the normal operating schedule (This number is found in Section IV-2, item E, Line TV on page 8)	
7. <b>Enter Vr</b> - total number of weekly window vehicle trips that occur during the reduced staffing schedule	
8. <b>Multiply</b> Line 2 by Line 6; enter the result here	
9. <b>Multiply</b> Line 3 by Line 7 by 1.15; enter the result here	
10. <b>Add</b> Line 8 plus Line 9; enter the result here	
11. <b>Divide</b> Line 5 by Line 10. Enter the result here; transfer this number to Section IV-2, Line 6 of the AVR Planning Form, on page 9.	





## **APPENDIX E**

### **AVR Adjustment Non-Regulated Sites**



## APPENDIX E - AVR ADJUSTMENT NON-REGULATED SITES

YEAR:

SITE ID:


### APPENDIX E: AVR ADJUSTMENT NON REGULATED SITES

Page: \_\_\_ of \_\_\_

Provide all information as requested, for each regulated and non-regulated worksite. Please note that employers may voluntarily include worksites with less than 250 employees, and/or employees of other businesses located at the worksite, not subject to the Rule. Employers who choose to voluntarily include non-regulated employees shall refer to and comply with the requirements listed in Section II-D of the Employee Commute Reduction Program Guidelines.

Photocopy this page as needed.

Site ID # (if available)	Total Employees	Window Employees	Weekly Employee Trips	Weekly Vehicle Trips	Current AVR	Target AVR

Adjusted AVR:

Weekly Employee Trips

Weekly Vehicle Trips

Totals:

/

Adjusted AVR:

Transfer this number  
to Section IV-2, Line 6  
on the AVR Planning  
Form, on page 9.

## **APPENDIX F Multiple AVR**

### **Adjustments**


## APPENDIX F: AVR ADJUSTMENT Multiple AVR Adjustments

Employers may combine the additional credits from Off-Peak Credits, Reduced Staffing, and Non-Regulated Sites.

- One credit adjustment must be completed before going on to the next
- All survey data must be weekly employee and weekly vehicle trip survey numbers, not daily

<b>Multiple AVR adjustments should be calculated in the following sequence:</b>	
<b>A. Reduced Staffing Credit (Complete if applicable)</b>	
1. Calculate the AVR for the Reduced Staffing credit and enter the resulting AVR	
2. Enter the number of Weekly Employees used in the Reduced Staffing credit calculation	
3. Divide the number of Weekly Employees in Line 2 by the Reduced Staffing credit AVR in Line 1, and enter the result here. This is the new adjusted Vehicle-Trips. If you have no Off-Peak Credits skip to Line 7.	
<b>B. Off-Peak Credits. (If you do not have Reduced Staffing Credit from above start with Line 6)</b>	
4. Enter the adjusted Vehicle Trips from Line 3 above in Appendix C Off-Peak Credit, Line 2, page 42	
5. Continue to calculate the Off-Peak Credits	
6. Enter the resulting number from Line 7, page 42 of the Off-Peak Credit calculation. This is the new Vehicle Trips from your adjustments	
<b>C. Non-Regulated Worksites</b>	
7. Use the new Vehicle Trips from Line 6 above (or Line 3 if no Off-Peak Credits) as the Weekly Vehicle Trips for the primary worksite in Appendix E - Non-Regulated Sites adjustment calculation, page 46	
8. Complete the calculation for the Non-Regulated Sites	
9. Enter your adjusted AVR here and on Line 6 in Section IV-2, AVR Planning Form on page 9	

## **APPENDIX G**

### **Rule 2202 Support Resources**

## **APPENDIX G – Rule 2202 Support Resources**

All documents are available for download by accessing our website at

<http://www.aqmd.gov>.

If internet access is unavailable, you may request the information to be emailed to you by calling the Transportation Programs Hotline at (909) 396-3271.

\_\_\_\_\_Rule 2202 – On-Road Motor Vehicle Mitigation Options

\_\_\_\_\_Rule 308 – On-Road Motor Vehicle Mitigation Options Fees

\_\_\_\_\_Rule 311 – Air Quality Investment Program (AQIP) Fees

\_\_\_\_\_Rule 313 – Authority to Adjust Fees and Due Dates

\_\_\_\_\_Rule 2202 – Technical Assistance Staff

\_\_\_\_\_Rule 2202 – Employee Commute Reduction Program (ETC) Training Schedule

\_\_\_\_\_Rule 2202 – Exemption Request Form

\_\_\_\_\_Rule 2202 – List of Holidays

\_\_\_\_\_Transportation Management Associations and Organizations

\_\_\_\_\_Mobile Source Emission Reduction Credits (MSERCs) - Vendors

\_\_\_\_\_Rule 2202 - Employee Commute Reduction Program – Annual Program Compliance  
Forms    Single Site \_\_\_\_\_    Multi-Site \_\_\_\_\_

\_\_\_\_\_Rule 2202 – Implementation Guidelines

\_\_\_\_\_Rule 2202 – Employee Commute Reduction Program Guidelines

\_\_\_\_\_Rule 2202 - Employee Commute Reduction Program – Confused About Compliance?

\_\_\_\_\_Information on California's Parking Cash-Out Program

**USEFUL PHONE NUMBERS:**

- ❖ Transportation Programs Hotline: (909) 396-3271
- ❖ Transportation Programs Fee Line: (909) 396-FEES (3337)
- ❖ Transportation ETC Training Line: (909) 396-2777
- ❖ Transportation Programs Fax: (909) 396-3306

**INTERNET:**

SCAQMD's Transportation Programs Website:

[www.aqmd.gov/2202](http://www.aqmd.gov/2202)

SCAQMD's Technology Advancement Programs Lead Staff Website:

[www.aqmd.gov/contact/tao-contacts](http://www.aqmd.gov/contact/tao-contacts)

SCAQMD's Publications and Videos Website:

[www.aqmd.gov/home/library/public-information](http://www.aqmd.gov/home/library/public-information)